



SPECIALIZING IN QUALITY PLASTICS



Plastic Industries Inc.

303 South State
Preston, ID 83263

Office: (208) 852-5600

RECEIVED

Fax: (208) 852-3113

FEB 20 2008

Department of Environmental Quality
State Air Program

DEQ Air Quality Program
1410 N. Hilton
Boise, ID 83736
ATTN: Mr. Bill Rogers

February 15, 2008

Dear Mr. Rogers

Enclosed please find our check for \$1,000.00 and our application for permit to construct.

We are an existing company with existing facilities. We were not aware of the fact that we needed to make this application with DEQ.

Please let us know what we need to do further, as we are anxious to fully comply.

We have listed our furnace heaters for our buildings and portable outdoor chipper.

Regards,

Ken Glodo
General Manager



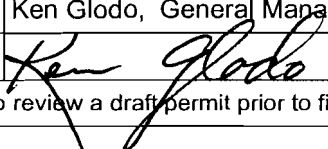
DEQ AIR QUALITY PROGRAM
 1410 N. Hilton, Boise, ID 83706
 For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

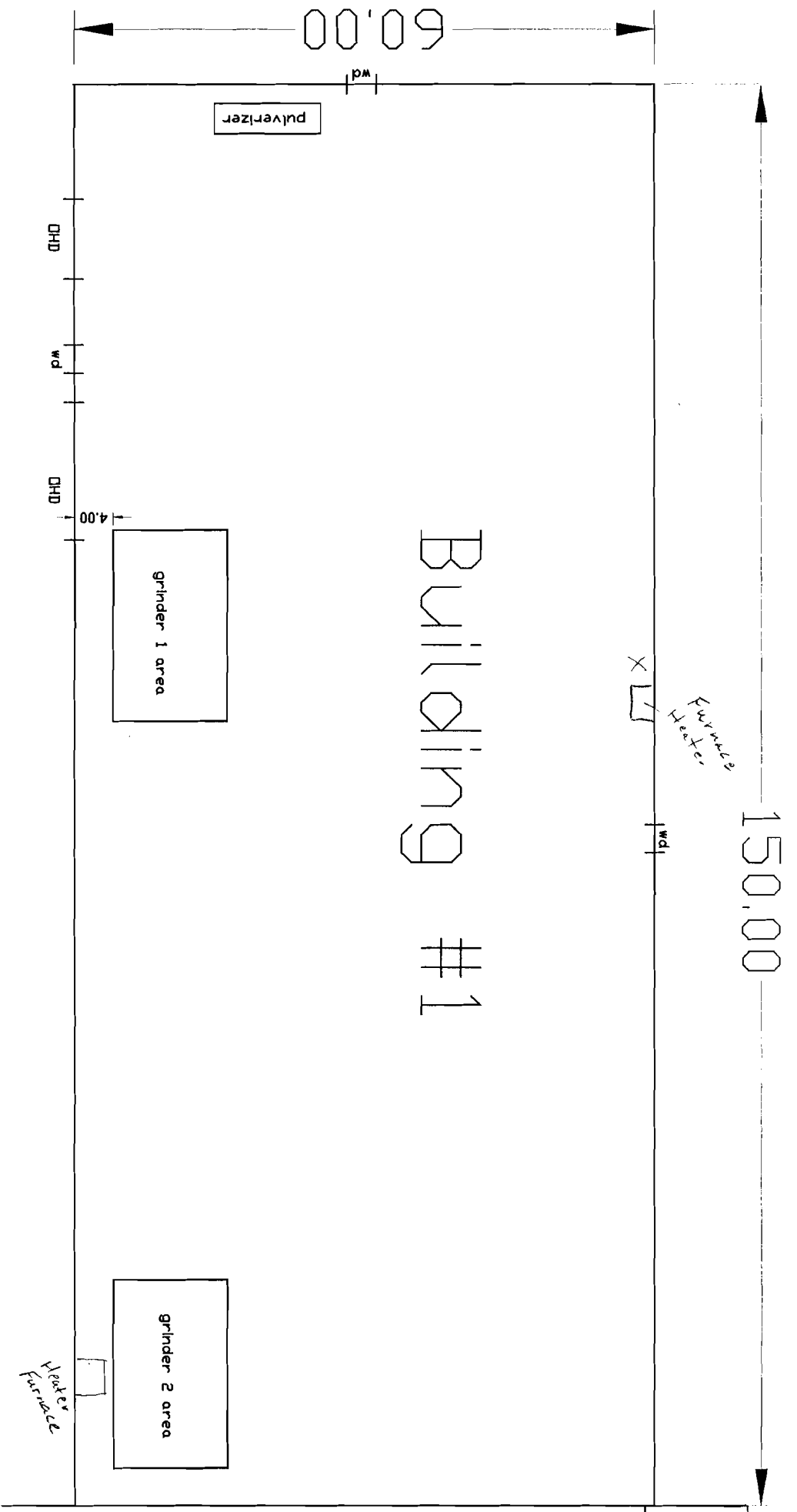
PERMIT TO CONSTRUCT APPLICATION

Revision 3
 03/26/07

Please see instructions on page 2 before filling out the form.

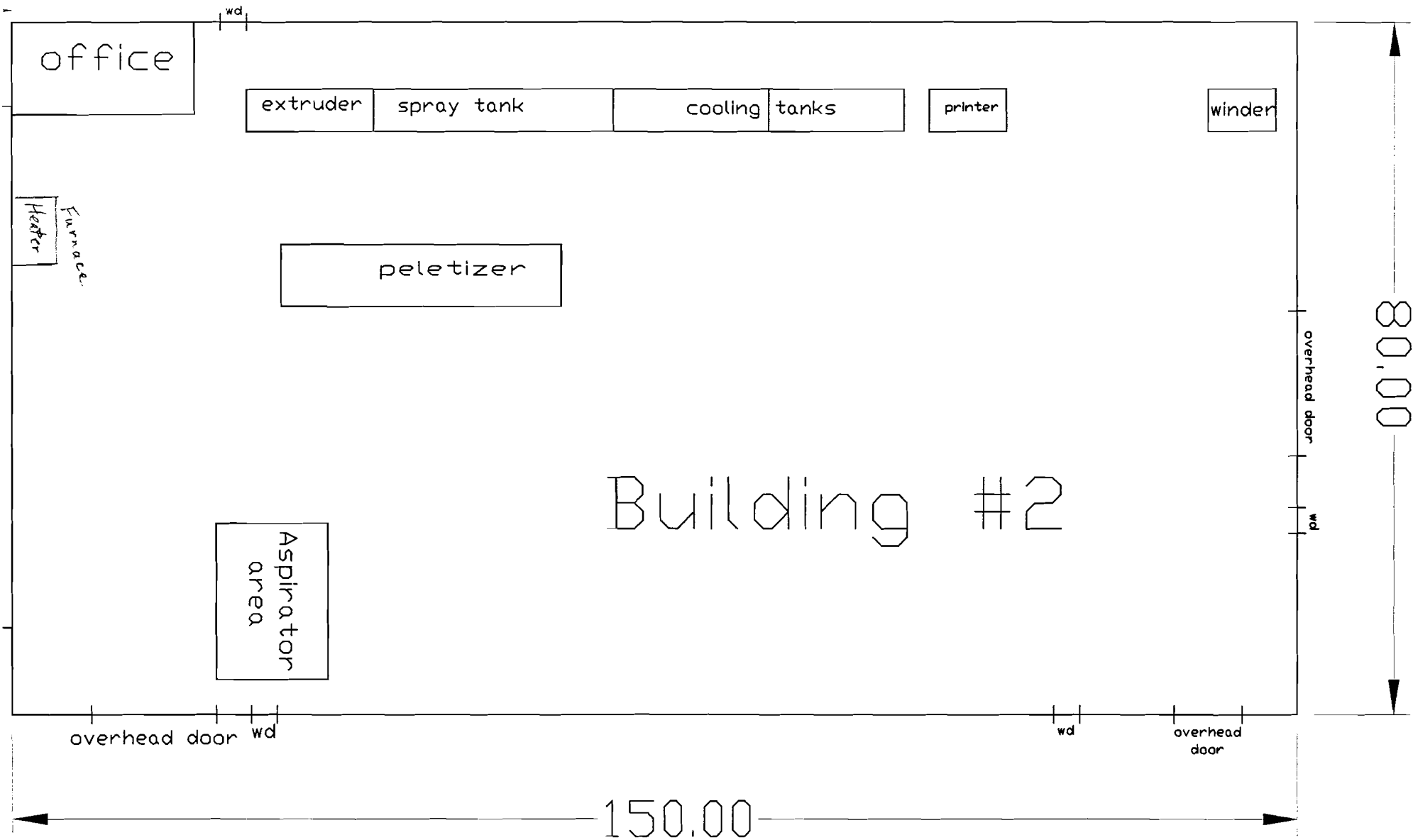
All information is required. If information is missing, the application will not be processed.

IDENTIFICATION	
1. Company Name	Plastic Industries Inc.
2. Facility Name (if different than #1)	Preston Plant
3. Facility I.D. No.	
4. Brief Project Description:	Grinding, pulverizing, plastic and, extruding hdpe pipe
FACILITY INFORMATION	
5. Owned/operated by: (✓ if applicable)	<input type="checkbox"/> Federal government <input type="checkbox"/> County government <input type="checkbox"/> State government <input type="checkbox"/> City government
6. Primary Facility Permit Contact Person/Title	Ken Glodo, General Manager
7. Telephone Number and Email Address	208-852-5600 keng@dcdi.net
8. Alternate Facility Contact Person/Title	Rex Pitcher, Owner
9. Telephone Number and Email Address	208-852-5600 rex@dcdi.net
10. Address to which permit should be sent	303 South State St.
11. City/State/Zip	Preston, Idaho 83263
12. Equipment Location Address (if different than #10)	1234 Industrial Park Rd.
13. City/State/Zip	Preston, Idaho 83263
14. Is the Equipment Portable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. SIC Code(s) and NAISC Code	Primary SIC: 3087 Secondary SIC (if any): 3084 NAICS:
16. Brief Business Description and Principal Product	Reprocessing of industrial plastic scrap and extruding of hdpe pipe. Both are sold on the open market as a finished product.
17. Identify any adjacent or contiguous facility that this company owns and/or operates	N/A.
PERMIT APPLICATION TYPE	
18. Specify Reason for Application	<input type="checkbox"/> New Facility <input type="checkbox"/> New Source at Existing Facility <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modify Existing Source: Permit No.: _____ Date Issued: _____ <input type="checkbox"/> Permit Revision <input type="checkbox"/> Required by Enforcement Action: Case No.: _____
CERTIFICATION	
IN ACCORDANCE WITH IDAPA 58.01.01.123 (RULES FOR THE CONTROL OF AIR POLLUTION IN IDAHO), I CERTIFY BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION IN THE DOCUMENT ARE TRUE, ACCURATE, AND COMPLETE.	
19. Responsible Official's Name/Title	Ken Glodo, General Manager
20. RESPONSIBLE OFFICIAL SIGNATURE	 <div style="float: right;">Date: 2/15/08</div>
21. <input checked="" type="checkbox"/> Check here to indicate you would like to review a draft permit prior to final issuance.	



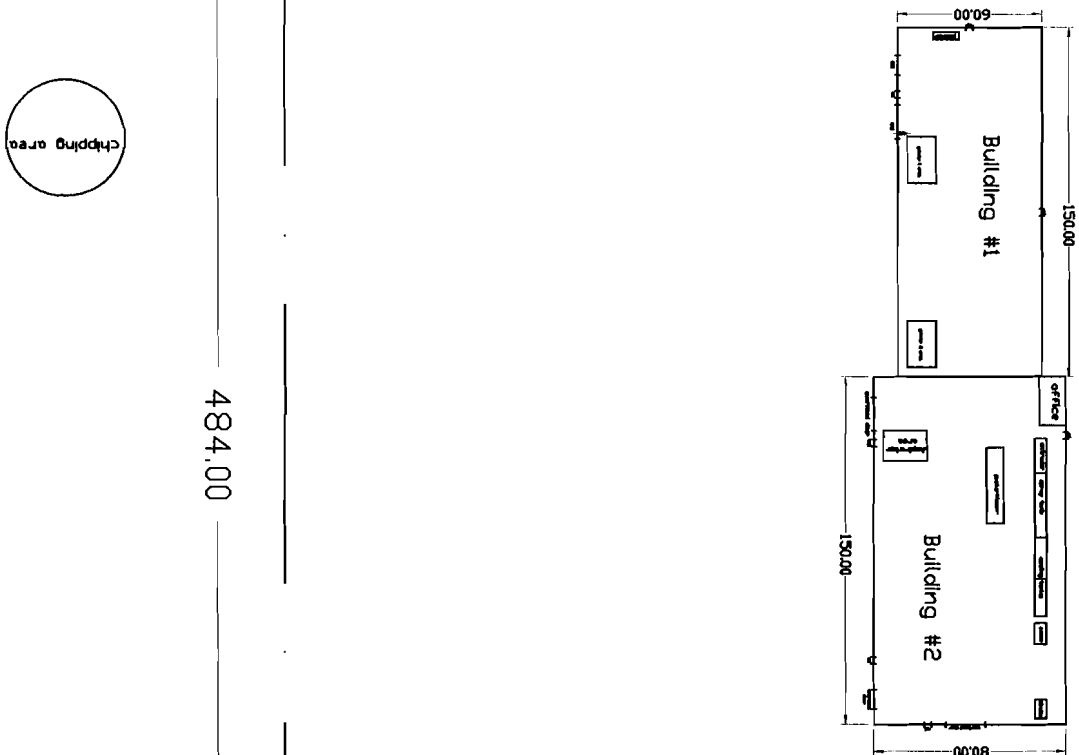
Portable
Tree
Chipper

(used for plastic)



morfion fene

20
 21
 22
 23
 24
 25
 26
 27
 28
 29



484.00

450,00

706,36

744.50



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description: Grinding, pulverizing, industrial plastic, and extruding hdpe pipe.		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Furnace for heat of bldg.		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #:		Date Issued:
4. Manufacturer:	Advanced		
5. Model:	Sep 230A-5		
6. Maximum Capacity:	184,000 BTU		
7. Date of Construction:	20003		
8. Date of Modification (if any)	N/A		
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	Nov-April 24hrs - 7 days per week
19. Maximum Operation	Jan-Dec. 24hrs - 7 days per week

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

Emissions Unit - General Form EU0

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description: Grinding pulverizing industrial plastic, and extruding hdpe pipe.		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Furnace for heat of bldg.		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #:		Date Issued:
4. Manufacturer:	Advanced		
5. Model:	Sep 230A-5		
6. Maximum Capacity:	184,000 Btu		
7. Date of Construction:	2000		
8. Date of Modification (if any)	N/A		
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:	2000		12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	Nov - April 24hrs - 7days per week
19. Maximum Operation	Jan - Dec. 24hrs - 7days per week

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description: Grinding pulverizing industrial plastic, and extruding hdpe pipe.		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Furnace for heat of bldg.		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #:	Date Issued:	
4. Manufacturer:	Advanced		
5. Model:	Sep 230A-5		
6. Maximum Capacity:	184,000 BTUS		
7. Date of Construction:	2000		
8. Date of Modification (if any)	N/A		
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	Nov. - April 24 hrs - 7 days per week
19. Maximum Operation	Jan - Dec. 24 hrs - 7 days per week

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description: Grinding pulverizing industrial plastic, and extruding hdpe pipe.		

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Extruder Pelletizer		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #: Date Issued:		
4. Manufacturer:	AKRON Milacron		
5. Model:	PAK350 X58A0100023		
6. Maximum Capacity:			
7. Date of Construction:			
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	
19. Maximum Operation	

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description:	Grinding pulverizing industrial plastic, and extruding hdpe pipe.	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Extruder		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #: Date Issued:		
4. Manufacturer:	Pak		
5. Model:	Pak350 Serial X58A0100022		
6. Maximum Capacity:	500 lbs of material		
7. Date of Construction:	2005		
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	
19. Maximum Operation	24 hours, 5 days, per week

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION						
Company Name: Plastic Industries Inc.		Facility Name: Preston Plant		Facility ID No:		
Brief Project Description:		Grinding pulverizing industrial plastic, and extruding hdpe pipe.				
EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION						
1. Emissions Unit (EU) Name:		Chipper				
2. EU ID Number:						
3. EU Type:		<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #:			Date Issued:	
4. Manufacturer:		Vermeer				
5. Model:		Tree chipper mobile				
6. Maximum Capacity:						
7. Date of Construction:						
8. Date of Modification (if any)						
9. Is this a Controlled Emission Unit?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.				
EMISSIONS CONTROL EQUIPMENT						
10. Control Equipment Name and ID:						
11. Date of Installation:		12. Date of Modification (if any):				
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Does the manufacturer guarantee the control efficiency of the control equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)				
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO
17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.						
EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)						
18. Actual Operation		Monday - Friday 9 a.m. - 4 p.m.				
19. Maximum Operation						
REQUESTED LIMITS						
20. Are you requesting any permit limits?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)				
<input type="checkbox"/> Operation Hour Limit(s):						
<input type="checkbox"/> Production Limit(s):						
<input type="checkbox"/> Material Usage Limit(s):						
<input type="checkbox"/> Limits Based on Stack Testing		Please attach all relevant stack testing summary reports				
<input type="checkbox"/> Other:						
21. Rationale for Requesting the Limit(s):						



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: / Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description:	Grinding pulverizing industrial plastic, and extruding hdpe pipe.	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	Plastic Grinder		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #: Date Issued:		
4. Manufacturer:	Cumberland		
5. Model:	37B		
6. Maximum Capacity:	1400 # per hr		
7. Date of Construction:			
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	Cyclone		
11. Date of Installation:	2005	12. Date of Modification (if any):	—
13. Manufacturer and Model Number:	Sterling		
14. ID(s) of Emission Unit Controlled:			
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)		

Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	20 hrs a day 5 days per week
19. Maximum Operation	24 hrs a day 6 days per week

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	



DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 1-877-5PERMIT

PERMIT TO CONSTRUCT APPLICATION

Revision 3
03/27/07

Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name: Plastic Industries Inc.	Facility Name: Preston Plant	Facility ID No:
Brief Project Description:	Grinding pulverizing industrial plastic, and extruding hdpe pipe.	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	PULVERIZER		
2. EU ID Number:			
3. EU Type:	<input type="checkbox"/> New Source <input checked="" type="checkbox"/> Unpermitted Existing Source <input type="checkbox"/> Modification to a Permitted Source -- Previous Permit #: Date Issued:		
4. Manufacturer:	REDUCTION ENGINEERING		
5. Model:	100		
6. Maximum Capacity:	900 # PER HOUR		
7. Date of Construction:			
8. Date of Modification (if any)			
9. Is this a Controlled Emission Unit?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, complete the following section. If No, go to line 18.		

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:						
11. Date of Installation:			12. Date of Modification (if any):			
13. Manufacturer and Model Number:						
14. ID(s) of Emission Unit Controlled:						
15. Is operating schedule different than emission units(s) involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Does the manufacturer guarantee the control efficiency of the control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach and label manufacturer guarantee)					
Control Efficiency	Pollutant Controlled					
	PM	PM10	SO ₂	NO _x	VOC	CO

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	20 HOURS A DAY, 5 DAYS PER WEEK.
19. Maximum Operation	24 HOURS A DAY, 6 DAYS PER WEEK.

REQUESTED LIMITS

20. Are you requesting any permit limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check all that apply below)
<input type="checkbox"/> Operation Hour Limit(s):	
<input type="checkbox"/> Production Limit(s):	
<input type="checkbox"/> Material Usage Limit(s):	
<input type="checkbox"/> Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
<input type="checkbox"/> Other:	
21. Rationale for Requesting the Limit(s):	